

# Kids First Pediatrics, PC

Port Jefferson Station  
Wading River

Phone: (631) 331-7267  
Phone: (631) 929-0325

Fax: (631) 331-7289  
Fax: (631) 929-0360

## Authorization For Use or Disclosure of Health Information

Patient Name: \_\_\_\_\_

I hereby authorize  
(name(s)) \_\_\_\_\_

to accompany my child to the office of Kids First Pediatrics in my absence.

Any **PERSONAL HEALTH INFORMATION** relating to said child pertinent to the visit can be disclosed.

This authorization expires at the earlier of \_\_\_\_\_

OR the date the following event occurs: \_\_\_\_\_

Name of Parent or Guardian:

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date Form Completed: \_\_\_\_\_

Witness \_\_\_\_\_

## Answering Machines

I give permission to the health care providers and staff of Kids First Pediatrics, PC to leave any **PERSONAL HEALTH INFORMATION** relating to said child on answering machines (home or cell) pertaining, but not limited to laboratory results, or questions.

This authorization expires at the earlier of \_\_\_\_\_

OR the date the following event occurs: \_\_\_\_\_

Name of Parent or Guardian:

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date Form Completed: \_\_\_\_\_